



**Infectious Waste Transporter Registration Form  
Bureau of Land and Waste Management**

**Official Use Only:**

S.C. Transporter Registration/ID Number: \_\_\_\_\_

Date determined administratively complete \_\_\_\_\_ Initials \_\_\_\_\_

Date final review complete: \_\_\_\_\_ Initials: \_\_\_\_\_

\$500.00 Fee accompanied this form? Yes ☐ No ☐

**1. Transporter Information**

Business name of transporter \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of legal owner/operator \_\_\_\_\_ Contact e-mail address \_\_\_\_\_

Name of contact person/title \_\_\_\_\_ Contact phone number \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer ID Number (EIN) \_\_\_\_\_

**2 Fee**

Transporters who transport infectious waste in South Carolina must apply for registration and pay a \$500.00 processing fee made payable to SCDES Bureau of Finance. ☐ \$500 Enclosed

**3. List location, mailing address, and phone number of all terminals, other transportation facilities or offices the applicant maintains.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. List all known facilities where you will be taking infectious waste for treatment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. List and discuss all accidents or discharges involving infectious waste that occurred last year.**

**6. List and discuss all enforcement actions taken against the applicant's business by this state, other states, or the federal government.**

**7. Please attach a copy of your facility's updated IW management plan.**

**All items in A-E below should be covered in attached documentation. Please check as they are completed.**

**A. SPILL PLAN EQUIPMENT & PROCEDURES**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Containment of spilled waste (e.g., absorbent)   | <input type="checkbox"/> Notification   | <input type="checkbox"/> Supplies for packaging spilled material (e.g., bags, boxes) |
| <input type="checkbox"/> Disinfection of spilled waste or contaminated material (e.g., disinfectant wipes, bleach solution) | <input type="checkbox"/> Supplies for handling spills (e.g., personal protective equipment, shovel) |  |

**B. CONTINGENCY PLANS**

- |  |  |
|--|--|
| <input type="checkbox"/> Alternate Treatment Site(s) | <input type="checkbox"/> Alternate Storage Site(s) |
|--|--|

**C. HANDLING AND STORAGE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acceptance of infectious waste | <input type="checkbox"/> Transferring waste to storage or treatment facility | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Limiting access to waste       | <input type="checkbox"/> Repackaging   | <input type="checkbox"/> Vehicle Disinfection          |

**D. HEALTH AND SAFETY TRAINING**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Proof of Training                    | <input type="checkbox"/> Schedule of Training  | <input type="checkbox"/> Risks Associated with Infectious Waste |
| <input type="checkbox"/> Use of Personal Protective Equipment | <input type="checkbox"/> Spill Plan Procedures |   |

**E. PROOF OF FINANCIAL RESPONSIBILITY**

- ☐ \$1,000,000 Per Occurrence

**8. Insurance**

\_\_\_\_\_  
Name of insurer/company

\_\_\_\_\_  
Address of insurer/company

**PLEASE ATTACH A COPY OF THE COMPLETED SCDES CERTIFICATE OF INSURANCE.**

**9. Records**

Please attach an example of any manifest and/or record of treatment you will provide to generators, not including DES form 2116.

**10. Certification**

I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R. 61-105.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_